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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/562,719	07/10/2006	Abbas Razavi	F-874 (31223.00104)	8615
25264 7590 11/07/25008 FINA TECHNOLOGY INC PO BOX 674412			EXAMINER	
			LEE, RIP A	
HOUSTON, T	X 77267-4412		ART UNIT	PAPER NUMBER
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Application No. Applicant(s) 10/562.719 RAZAVI, ABBAS Interview Summary Examiner Art Unit 1796 RIP A. LEE All participants (applicant, applicant's representative, PTO personnel): (1) Rip A. Lee. (2) Diane L. Kilptrick-Lee. (4)____. Date of Interview: 05 November 2008. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal (copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: _____. Claim(s) discussed: . . Identification of prior art discussed: Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: confirmation of abandonment. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/Rip A. Lee/